

Zoning Permit Application City of Frankfort

P.O. Box 697, Frankfort, KY 40602 Phone: (502) 352-2094, Fax: (502)875-3579 www.frankfort-ky.gov

TYPE	OF	IM	IPR	O_{I}	ÆN	/EN	JTS

- o Fence
- o Accessory Storage Building (120 square feet or less)
- o Retaining walls less than 4 feet high
- o Driveway/sidewalk on private property
- Water tank (only directly on grade and if capacity does not exceed 5,000 gallons)
- Window awnings (must be supported by exterior wall)
- o Swimming pools (above ground only)
- o Windows
- o Miscellaneous exterior changes within Historic District (no new construction)
- Temporary Tent

DESCRIPTION OF WORK			
ESTIMATED COST			
ESTIMATED COST			
APPLICANT			
Name:			
Address:			
City/State/ZIP:			
Phone:			
PROPERTY OWNER			
Name:			
Address:			
City/State/ZIP:			
Phone:			
CONTRACTOR			
Name:			
Phone:			
License No.:			
2.001.00			

1 Iaiiiii	ng and Building Codes Department			
Date:				
Proper	ty Location:			
RI	EQUIRED SUPPLEMENTAL INFORMATION			
0	Diagram of property, showing location and dimensions of the lot (property lines), all existing streets and on site structures, and the location of proposed buildings or improvements			
0	Label dimensions, existing, and proposed setbacks for front, side and rear yards			
0	\$5 fee, payable to City of Frankfort Projects within Historic District: Consult with staff for			
	additional information required.			
SITE PLAN				

Owner/applicant attests that they have read and agree that all improvement is limited to the drawn or attached plans, shall meet setbacks shown and the conditions of the approval as shown; any deviations shall require written approval from the City; and owner agrees to complete project within 90 days or permit will expire.

Applicant Signature Date	Applicant Signature	Date
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STAFF PERSONNEL ONLY

Zoning District:	Zoning Permit No:	Fee:
Approved [] Denied []	Signature	 Date
<u>Conditions</u>		
Final Inspection		
Notes:	Signature	Date
PAID STAMP:		